



2653

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventors: Culver, et al.

Appl. No.: 09/465,592

Confirm. No.: 9065

Filed: December 17, 1999

Title: MOLECULAR MEMORY MEDIUM AND
MOLECULAR MEMORY INTEGRATED CIRCUIT

PATENT APPLICATION

Art Unit: 2653

Examiner: Kim Kwok Chu

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on May 13, 2004.

(Attorney Signature)

Michael L. Robbins, Reg. No. 54,774

Signature Date: May 13, 2004

RESPONSE TRANSMITTAL LETTER

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MAY 24 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- ☒ A Response under 37 C.F.R. §1.111 to the Office Action dated February 25, 2004.
- ☒ Applicant(s) qualify for small entity status under 37 C.F.R. §1.27.

The fee associated with this communication has been calculated as shown below:

- ☒ No fee is required with this communication.
- ☐ A fee for extension of time for response under 37 C.F.R. §1.136 filed within _ month(s) after the original time for response of \$___ is due.
- ☐ A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity	Total
TOTAL CLAIMS (37 CFR 1.16(c))	<u>61</u> * -	<u>90</u> **	<u>0</u>	X \$ 9.00 X \$ 18.00	\$ -0-
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>21</u> * -	<u>22</u> ***	<u>0</u>	X \$ 43.00 X \$ 86.00	\$ -0-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$145.00 + \$290.00	\$
				TOTAL	\$ -0-

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The total fee required with this communication is \$ -0- and is to be paid as follows:

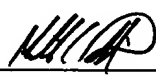
_____ Please charge Deposit Account No. 06-1325 in the amount of \$ _____. A duplicate copy of this authorization is enclosed.

_____ A check in the amount of \$ _____ is enclosed.

✓ The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

Date: 5/13/04

By: 
Michael L. Robbins
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